

09/09/09 PAN

**EPA REGION 10
UNDERGROUND STORAGE TANK
INSPECTION FORM**

Passed Inspection: Y ☒ N
Significant Compliance: RD RP
Y ☒ N Y ☒ N

Facility# 4260087Inspection Date 10/13/09 Time 11:00AM to 12:30 GPS Reading 4260087 In fileLead Inspector PHILIP NGUMINGUE EPA Reps CARLO BERTANI (OST LEAD)

Other Tribal Environmental Office Reps _____

Facility Reps with Titles * Sue Smith

(Note: Denote each Facility Rep name with * to indicate to whom credentials were presented.)

Visual Documentation of Inspection: ☐ 35mm pictures ☐ Video ☐ Digital ☐ Other 4Facility Information FNNC 1810 FC 05601 For 300Location Name SMITH'S CONCRETEOwner RH Smith Distributing Co, Inc Operator _____Owner Contact Sue Smith Operator Contact Sue SmithAddress (Loc/Owner/Op) 108 E. TOPPENISHCity TOPPENISH State WA Zip 98948 Phone _____Address (Loc/Owner/Op) 315 E. Wine Country RoadCity Grandview State WA Zip 98930 Phone 509-882-3377

Tank #	1	2	3	4	5	6
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FINANCIAL RESPONSIBILITY☒ Meets FR requirements?☒ All tanks covered or (check which tanks are covered)Type: ☒ Ins ☐ Self ☐ PSTF ☐ Ltr Credit ☐ Stdby Trust ☐ LG Bond Rating Test ☐ LG Fin Test ☐ Other _____Issuing Entity: zurich Dates Coverage: 2/15/09 - 2/15/2010Policy No. USC 5236567 04 In Required Format? ☒ Y ☐ N**TANK STATUS**

Manifolded (M) or Compartmented (C) Tank?						
Status (circle): CIU <u>TOU</u> POU <input type="checkbox"/> All or						
Date Installed: <u>7</u> <input type="checkbox"/> All or	<u>74/00</u>	<u>74</u>	<u>76</u>			
Tank Capacity (gal): <input type="checkbox"/> All or	<u>8,000</u>	<u>6,000</u>	<u>4,000</u>			
Substance in Tank (specify grade if gas): <input type="checkbox"/> All or	<u>UNL</u>	<u>UNL</u>	<u>S.UNL</u>			
Tank Material: BS <u>CPS</u> COM FRP DW ExL Lin <input checked="" type="checkbox"/> All or						
Verified by: Visual Invoice Warranty Picture <input checked="" type="checkbox"/> All or						
Emergency Generator Tank(s)? Y <input checked="" type="checkbox"/> N <input type="checkbox"/> All or						
Piping Material: GS <u>CPS</u> FRP FlexP DW SecC <input checked="" type="checkbox"/> All or						
Verified by: Visual Invoice Warranty Picture <input checked="" type="checkbox"/> All or						
Piping Type: Grav <u>Pres</u> SafeSuc U.S.Suc <input type="checkbox"/> All or						
Date last used: <input type="checkbox"/> NA <input type="checkbox"/> All or	<u>1/09</u>	<u>9/09</u>	<u>4/09</u>			
Closure Status: Removed In-Place Chg-in-Svc <u>NA</u> <input checked="" type="checkbox"/> All or						

SITE SKETCH

TANK #

1

2

3

4

5

6

RELEASE PREVENTION - REPAIRS, CATHODIC PROTECTION & TANK LINING**Tank & Piping Repairs**

Any repairs to the UST system(s) being conducted or completed?

Y N ☒ All orIf yes, were the repaired tank(s) and/or piping tightness tested within 30 days? (Note: Not required if repaired tank is internally inspected or if monthly monitoring is in use.) Y N NA ☐ All or**Tank Lining**☐ Are any tanks internally lined? Y N NA ☐ All or☐ Tank lining inspected and in compliance? ☐ All or

Date of lining: _____

Date of PASSING internal inspection: _____ ☐ All or**Cathodic Protection (Reminder:** Even if the UST system(s) are FRP and/or flex, check to ensure that there are no unprotected metal connectors in the dispensers in contact with the ground on ALL UST systems.)☐ CP met on all tank(s) and piping, including metal flex connectors, swing joints, etc.? (Must answer regardless of system type.)☐ CP performing adequately based on testing results? --OR--☐ If CP is NOT performing adequately based on testing results, then was the CP system tested within the required period AND is the o/o now conducting or did the o/o complete the appropriate repair?

Any repairs to the CP system being conducted or completed? N Y NA If repaired, was the CP system re-tested? N Y NA

☐ CP on ☐ Tanks ☐ Piping ☒ Tanks & Piping ☒ All or☒ Impressed Current System ☒ All orInstallation Date: UNK Set at UNK amps☒ Last 3 (60-day) rectifier inspection records? ☒ All orSystem On? ☒ Y N Observed amperage of 1.1 amps☐ Sacrificial Anode System ☐ All or**Cathodic Protection Testing Frequency**☐ Was a 6-month CP test conducted after installation or repair (if applicable)?Test Date: _____ ☐ All orCovers: ☐ Tanks & Piping ☐ Tanks ☐ Piping☐ Date of last CP test: _____ ☐ All orPassed? Y N Covers: ☐ Tanks & Piping ☐ Tanks ☐ Piping☐ Date of previous test: _____ ☐ All orPassed? Y N Covers: ☐ Tanks & Piping ☐ Tanks ☐ Piping

Last CP Test 11/07 - No records @ time of inspection. FVNC issued.

RELEASE PREVENTION - SPILL PREVENTION & OVERFILL PROTECTION☐ Spill prevention devices present and functional?Y N NA ☐ All or☐ Overfill prevention devices present and operational for each tank? (Specify which device(s) are in use below.)☐ Ball Float Valve - Operational? ☐ All or☐ Flow Restrictor (Auto Shutoff) - Observed? ☐ All or☐ Automatic Alarm - Operational & audible for delivery driver (i.e. did you sound it)? ☒ All or☐ Spill / Overfill NOT Req'd (transfer ≤ 25 gallons) ☐ All or

Inspector's Signature: _____

Date: 10/13/05

Tank #	1	2	3	4	5	6
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RELEASE DETECTION - TANKS

☐ Primary RD method present for ALL tanks & meets specific performance standards as stated in 280.43? ☐ NA

☐ Manual Tank Gauging (MTG) ☐ All or

☐ Tank Tightness Testing (TTT) ☐ All or

Last TTT date? _____ Passed? Y N

☐ Inventory Control (IC) ☐ All or

☐ Vapor Monitoring (VM) ☐ All or

Site Assessment? Y N ☐ All or

☐ Ground Water Monitoring (GWM) ☐ All or

Site Assessment? (i.e. 3' < gw < 20') Y N ☐ All or

☐ Automatic Tank Gauge (ATG) ☐ All or

☐ Interstitial Monitoring (IM) ☐ All or

☐ SIR ☐ All or

☐ Deferred (Emergency Generators ONLY) ☐ All or

Tank primary RD method? ☐ All or

If TOU, does tank comply with RD requirements? Y ☒ NA ☐ All or

Amount of Product in Tank: _____ Water: _____

Are hazardous substance USTs secondarily contained?

Y N NA ☐ All or

RELEASE DETECTION - PIPING

☐ Primary RD method present for ALL piping & meets specific performance standards as stated in 280.44? ☒ NA

☐ ALLD (Pressurized Systems Only) ☐ NA (Suction) ☐ All or

Date of test: _____ ☐ ELLD or ☐ MLLD

Piping RD Primary Method?: LTT Monthly NA ☐ All or

☐ LTT - Date of test: _____ ☐ All or

☐ Monthly Monitoring Method: ☐ All or

VM GWM IM SIR ELLD Sump Sensor Other _____ ☐ All or

☐ Deferred (Emergency Generators ONLY) ☐ All or

RELEASE DETECTION COMPLIANCE

Release detection systems operating properly? Y N ☐ All or

If applicable, are there monthly monitoring records (for tanks and / or piping) for the 2 most recent months and 8 of the last 12 months?

Y N ☐ All or

Of the last 12 months monitoring records, _____ were reviewed:

Tanks (months) PASSED: _____ FAILED: _____ INVALID: _____

Piping (months) PASSED: _____ FAILED: _____ INVALID: _____

All non-passing results resolved? Y N NA ☐ All or

If not resolved, was the implementing agency notified of a suspected release? Y N NA No release suspected ☐ All or

If equipment installed within the last 5 years, is the third party evaluation(s) available? Y N NA

For which equipment? ATG SIR IM Sensors ALLD Other _____ In Compliance with Evaluation? Y N

ATG/IM/SIR Equipment Manufacturer/Vendor: _____ Model: _____

ALLD Equipment Manufacturer: _____ Model: _____

Summary & Conclusions:

BW#1 Depth to GW = 11' 8"